

Name
in
Full

Janie Anderson

CERTIFICATE OF DEATH

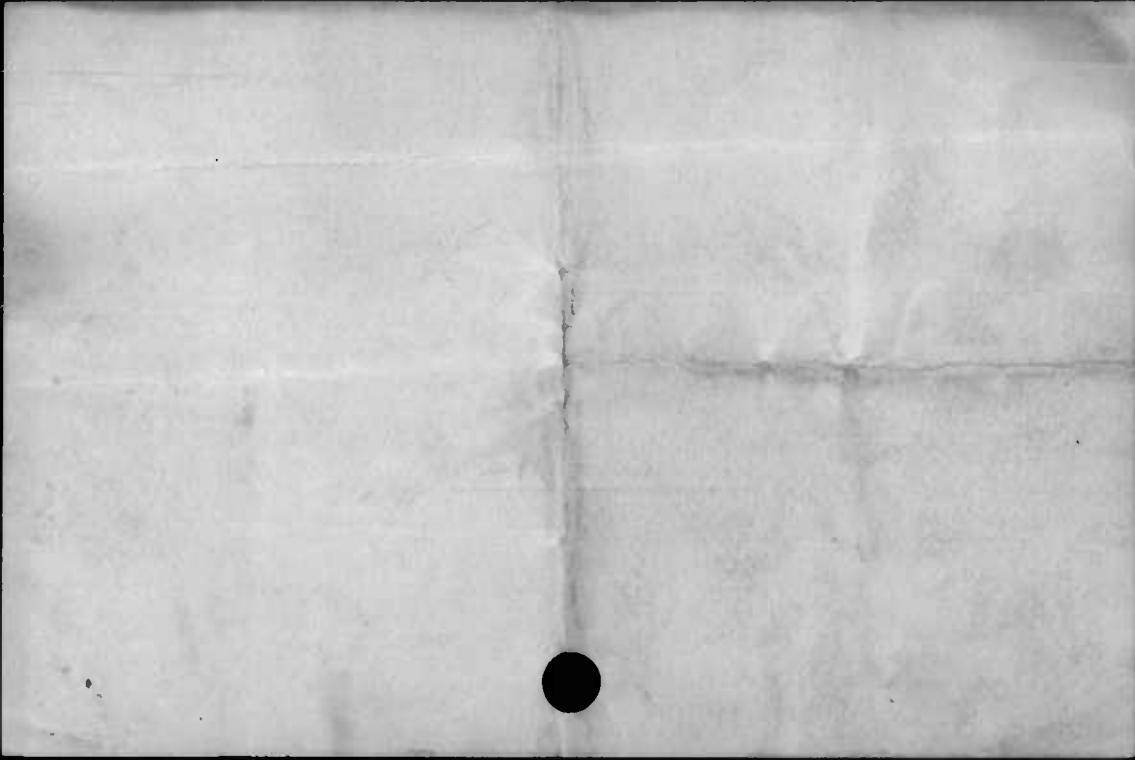
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belt Air</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Year}	<u>Oct</u> ^{Month}	<u>9</u> ^{Day}	Age <u>19</u> ^{Years}	<u>-</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Baltimore Md</u>
Occupation	<u>Servant</u>	Where Residing if not at place of death		<u>near Belt Air Md</u>	
<u>Married</u> , Single or <u>Widowed</u>		Name of Wife or Husband <u>_____</u>			
Father's Name	<u>Wm Anderson</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Laura Robinson</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>Wm Anderson</u>			How related to deceased	<u>Father</u>

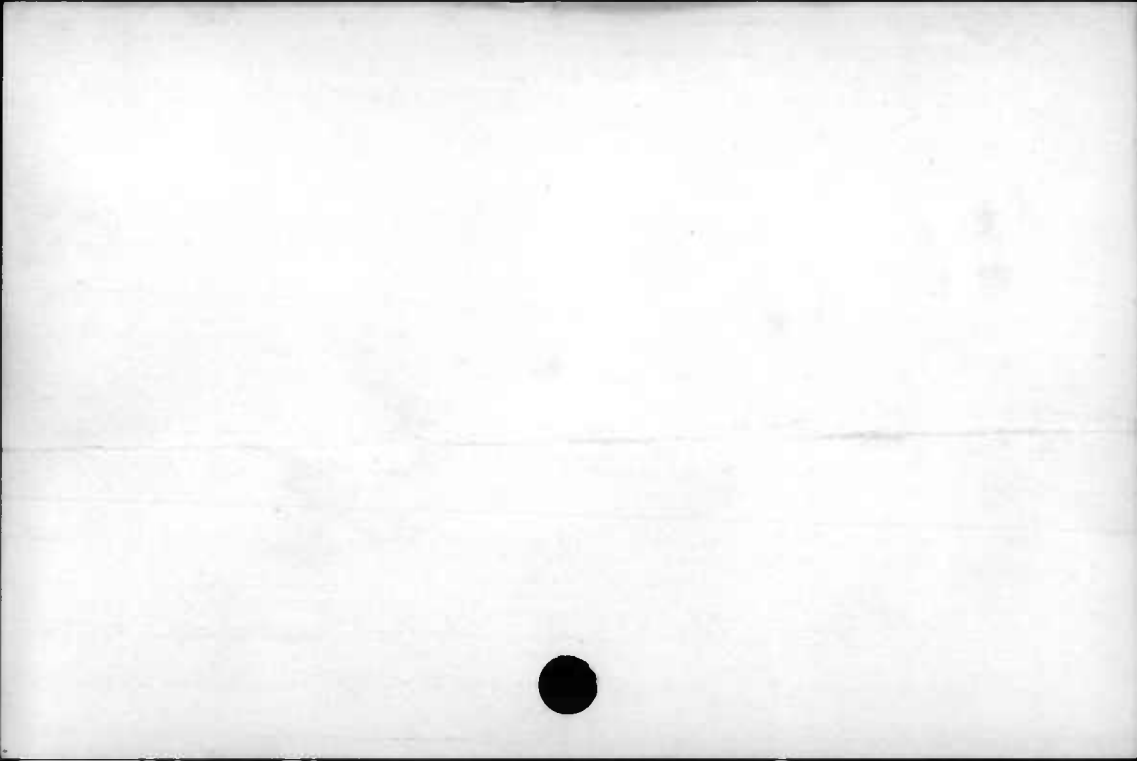
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Supposed to be Poison</u>	How long	<u>179</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Chas. Richardson</u>	
		Address <u>Belt Air Md</u>	
Accident or Suicide?			



Name in Full		Virginia Armstrong				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Magna		County Harford		MARYLAND
	Date of death		1905	Month Oct	Day 31	Age 6	Months 5
	Sex		Female		Color or Race White		Birth-place Md
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Wilber Armstrong				How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Brain Fever			How long 2 days	
	Immediate		Heart failure			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Charles Roth	
				Address		Edgewood Md	
Accident or Suicide?							




Name
in
Full

Hilena Bond

CERTIFICATE OF DEATH

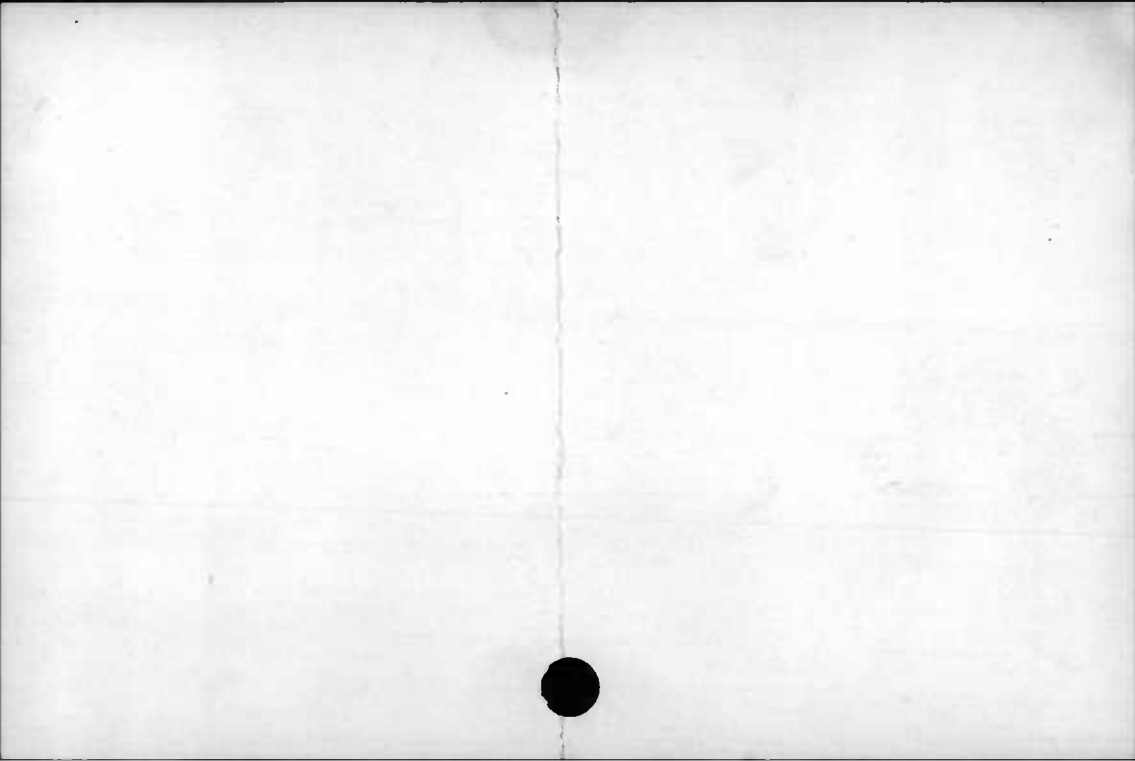
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Benson</i>		Town <i>Benson</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>21</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>Harford Co.</i>				
Occupation			Where Residing If not at place of death <i>near Benson</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joshua Bond</i>			Father's Birthplace <i>Harford Co.</i>				
Mother's Maiden Name <i>Harriet Bond</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Joshua Bond</i>					How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>one year</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. F. H. Gonsuech M.D.</i>
	Address <i>Fork Md.</i>
Accident or Suicide?	



Name
in
Full

Lena Marie Buchanan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Bel Air.^{County} Harford

MARYLAND

Date of death 1905 10 25 Age 2 Months 5 Days 1

Sex Female Color or Race Colored Birth-place Maryland.

Occupation Where Residing if not at place of death

☐ Married, Single
☒ Widowed

Name of Wife or Husband

Father's Name William Buchanan

Father's Birthplace Md.

Mother's Maiden Name Lottie Bond

Mother's Birthplace Md.

Name of person giving information Mr Buchanan

How related to deceased Father.

CAUSES OF DEATH

Primary Meningitis

(61) ✓

How long 3 weeks

Immediate Eclampsia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Purnell M. H. [Signature]
Bel Air

Accident or Suicide?

PHYSICIAN
OR CORONER

Y
Labs

Name
in
Full

CERTIFICATE OF DEATH

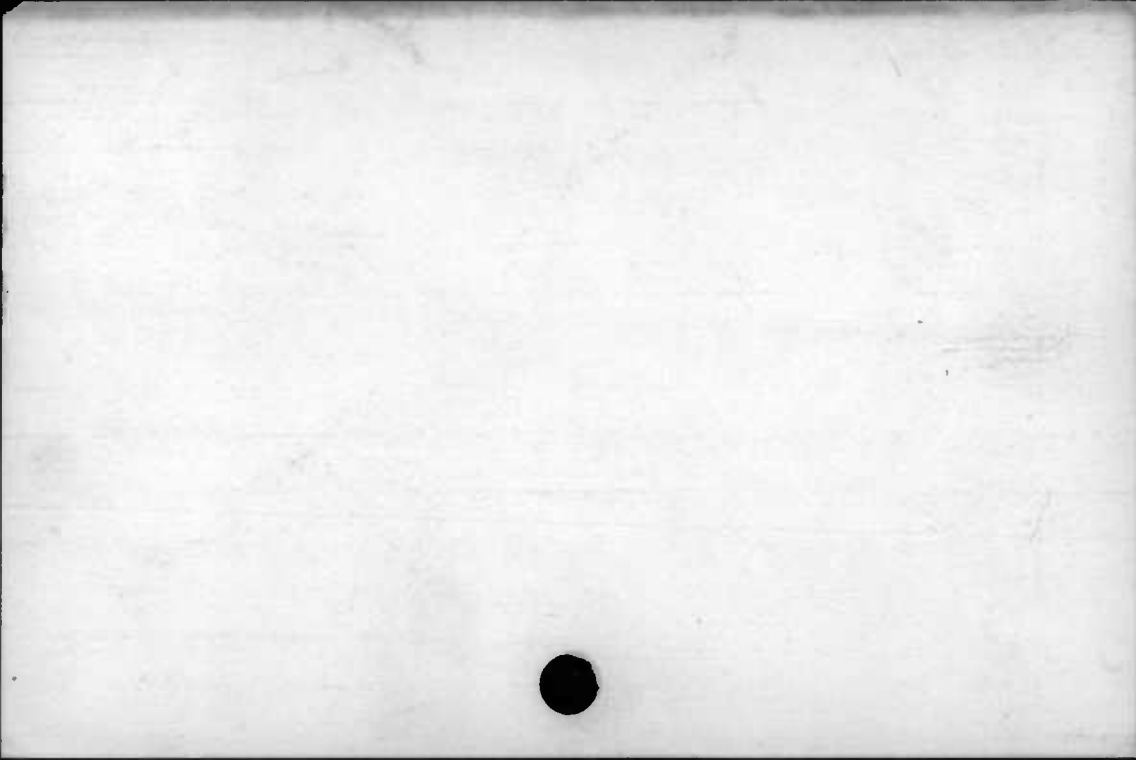
TO BE ANSWERED BY
NEAREST FRIEND

John P. Callahan.		TOWNSHIP		COUNTY		MARYLAND	
Died at Steeple		Month 10		Day 14		Age 26	
Date of death 1905		Sex Male		Color or Race White		Birth-place Maryland	
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband					
Father's Name Jeremiah Callahan		Father's Birthplace					
Mother's Maiden Name Nathaniel Cronin		Mother's Birthplace					
Name of person giving information Mary E. Callahan		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Killed By Train	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Fountain Green</i> ^{County} <i>Hays</i>		MARYLAND			
Date of death <i>1905</i>	^{Month} <i>Oct</i>	^{Day} <i>23</i>	^{Years} <i>—</i>	^{Months} <i>9</i>	^{Days} <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>Ind.</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel H. Carroll</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Lillie M. Durricksen</i>	Mother's Birthplace <i>Ind. Pa.</i>				
Name of person giving information <i>Lillie M. Carroll</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inflammation of the Brain</i>	How long	<i>60</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Wm. H. Roberts</i>
		Address	<i>Churcharville</i>
Accident or Suicide?			

M. Zura

Name
in
Full

CERTIFICATE OF DEATH

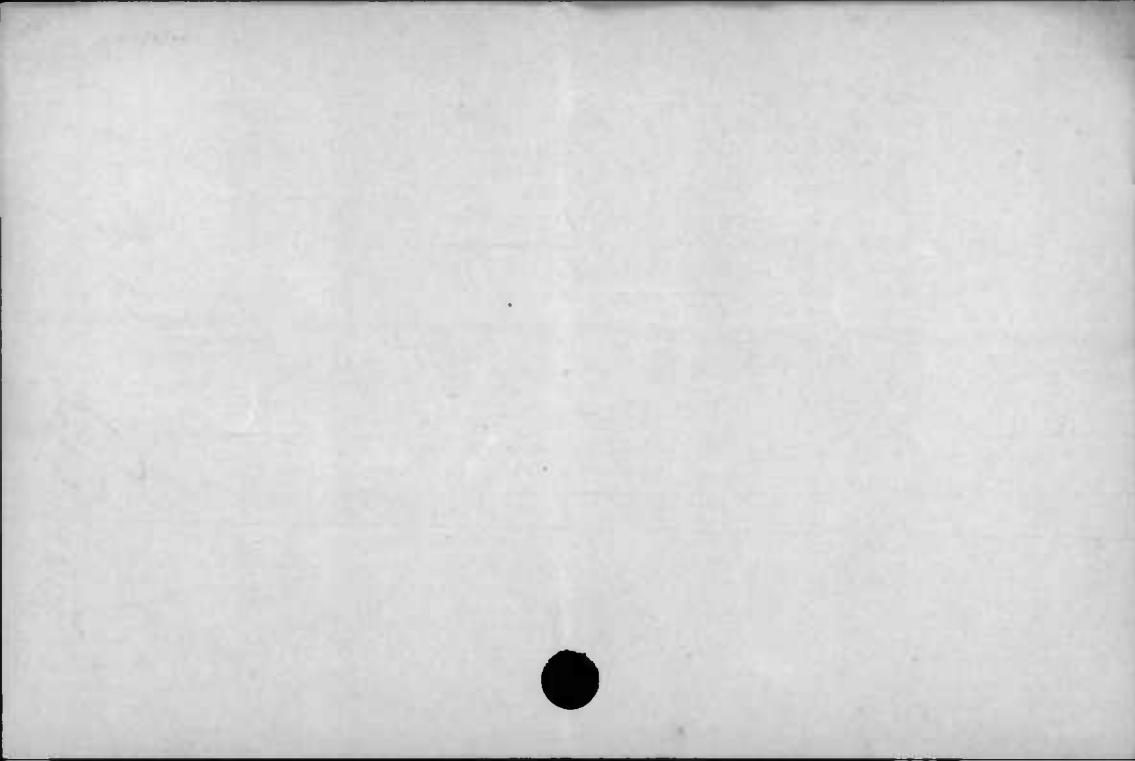
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cardiff</i>		Town <i>Cardiff</i>		County <i>Hartford</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>1</i>	Age <i>26</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Della Pa</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Harold Carrall</i>						
Father's Name <i>Hugh E. Hughes</i>	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information <i>Mr Morris</i>	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>7 months</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. W. E. Arthur</i>	
		Address <i>Shir-nd</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Beulah B. Coale</i>		Town <i>Churchville</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Churchville</i>		Date of death <i>1905 Oct 30</i>		Age <i>22</i>		Months <i></i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Churchville</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>"</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ira B. Coale</i>					
Father's Name <i>Fred Hanson</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Eliza C. Ruston</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Ossena B. Hanson</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lupus & Jaws</i>	How long <i></i>
Immediate <i>Cellulitis</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Roberts</i>
	Address <i>Churchville</i>
Accident or Suicide?	

Smith's Chapel.

Name In Full

Certificate of Death

Died at

Date 19 05

Husband of

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

B. Margaret Coale

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Female

White

Married

~~Widow~~~~Divorced~~~~Colored~~~~Single~~

Widower

Number of children living

Walter Coale

Mother's

Maiden Name

Margaret M. Betsy

How long sick

Primary Chronic Parenchymatous Hepatitis

Immediate

Accident, Suicide, Homicide

M. S. Gossard M.D.
Churchville Md.

LIBRARY BUREAU, 79893



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John D. Deckman		Town Dublin		County Starford		MARYLAND	
Died at Dublin		Month Oct.		Day 17		Years 74	
Date of death 1905		Month Oct.		Day 17		Years 74	
Sex Male		Color or Race White		Birth-place Pennsylvania		Months 11	
Occupation Farmer		Where Residing if not at place of death		Days 14			
Married, Single or Widowed Married		Name of Wife or Husband Alice Anna Deckman.					
Father's Name Henry Deckman		Father's Birthplace Penn.					
Mother's Maiden Name Jane Richardson		Mother's Birthplace "					
Name of person giving information Wife.		How related to deceased Wife.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Neuralgia of Heart	How long 24 hours.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. H. Tobias, M.D.
	Address Bastleton, Md.
Accident or Suicide?	



Name
in
Full

Ardminthe Ann De Haven

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cummerston		County Hampord		MARYLAND	
Date of death	190	Month Oct	Day 8	Age	92	Months 6	Days 30
Sex	Female		Color or Race	White		Birth-place	Pa
Occupation				Where Residing if not at place of death Cummerston Ind			
Married, Single or Widowed	Single		Name of Wife or Husband Jessie De Haven				
Father's Name	Gamble					Father's Birthplace	Pa
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Rebecca Ginn					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate	Gradual decline	How long	over a year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. F. Vant Bibbet.
		Address	T 3d Airt Md.
Accident or Suicide?	No -		

Emmerton

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

J. Edward Denbow				Town		County		MARYLAND	
Died at		Fulford		Hampden					
Date of death		1905	Month	Oct	Day	23	Age	Years	27
Sex		Male		Color or Race		White		Birth-place	
Occupation		Laborer		Where Residing if not at place of death		Fulford, "			
Married, Single or Widowed		Name or Wife or Husband		D. Eudyle Denbow					
Father's Name		Wm. H. Denbow				Father's Birthplace			
Mother's Maiden Name		Sarah J. Chalk				Mother's Birthplace			
Name of person giving information		J. B. Chalk				How related to deceased			
						Uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphilitic Nerve	How long	
Immediate	Intestinal Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Purnell W. Hapington	
Address		Bel Air	
Accident or Suicide?			

Mr. Zee



Name
in
Full

Wm. H. Fletcher

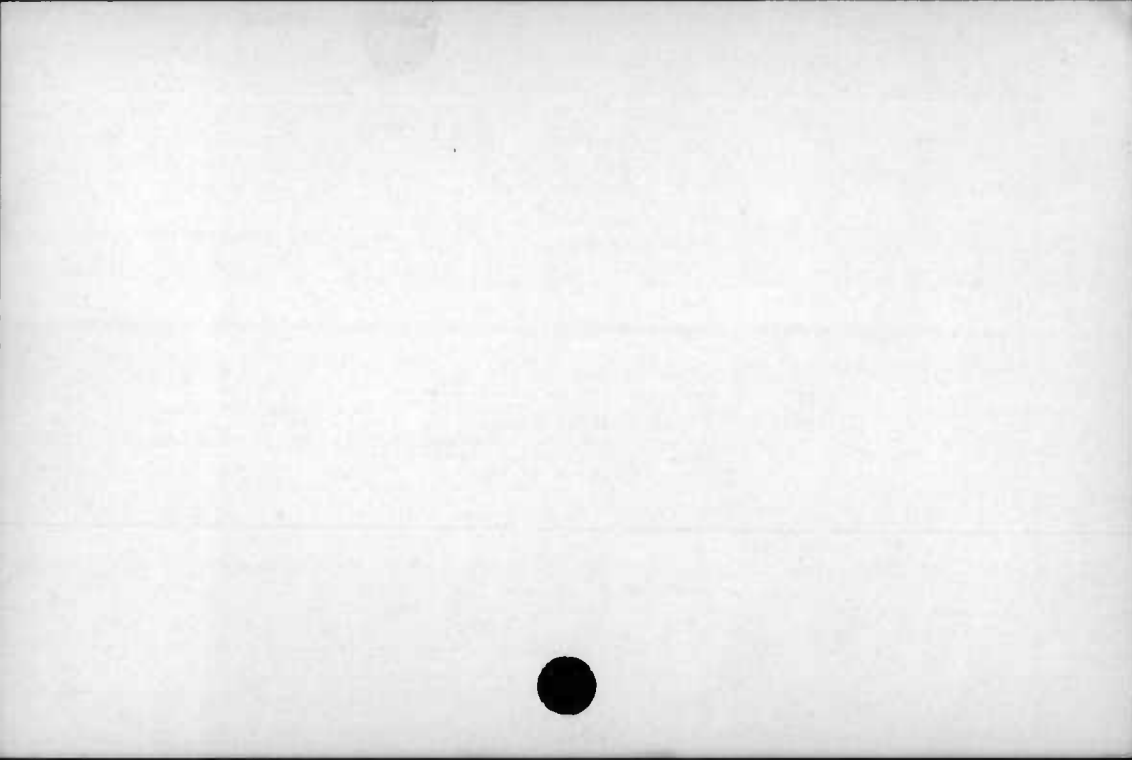
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Aberdeen</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1906 Oct</i> ^{Month}		<i>14</i> ^{Day}	Age <i>68</i> ^{Years}	<i>4</i> ^{Months}	<i>11</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Occupation <i>Farmer & Fisherman</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Laura Marshall</i>			
Father's Name <i>Wm. Fletcher</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Matilda Michael</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>Laura Marshall</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Nephritis</i>	How long <i>2 yrs -</i>
	Immediate <i>Coma</i>	How long <i>one day -</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas H. Keite</i>
		Address <i>Aberdeen, Md.</i>
	Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 1905 Oct

14

86

7

10

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

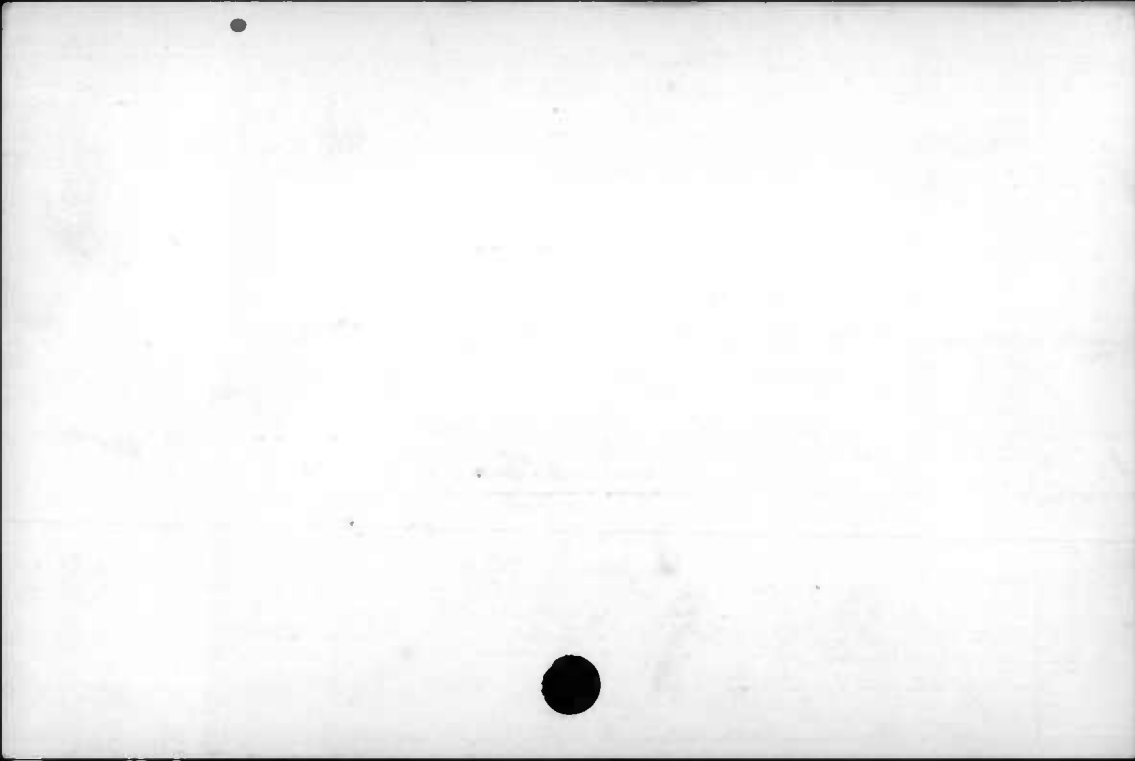
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

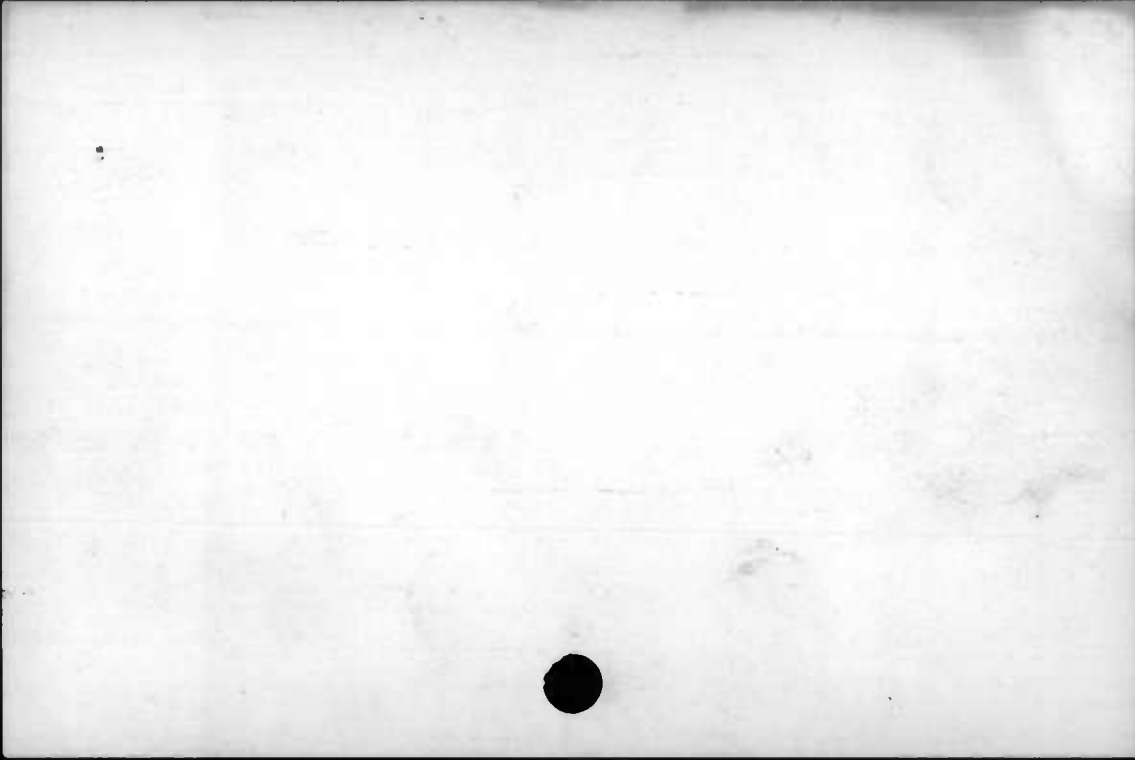
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ralph Harkins</i>		Town <i>Forest Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Forest Hill</i>		Month <i>Oct</i>		Day <i>20</i>		Years <i>24</i>	
Date of death <i>1901</i>		Months <i>11</i>		Days <i>21</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Painter</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Geo T. Harkins</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sultina Grier</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Joseph Hornberger</i>		How related to deceased <i>Brother-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>about 3 years</i>
Immediate <i>Syncopy</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. F. Bradley M.D.</i>
<i>yes</i>	Address <i>Garrettsville</i>
Accident or Suicide?	<i>Maryland</i>



Name
in
Full

CERTIFICATE OF DEATH

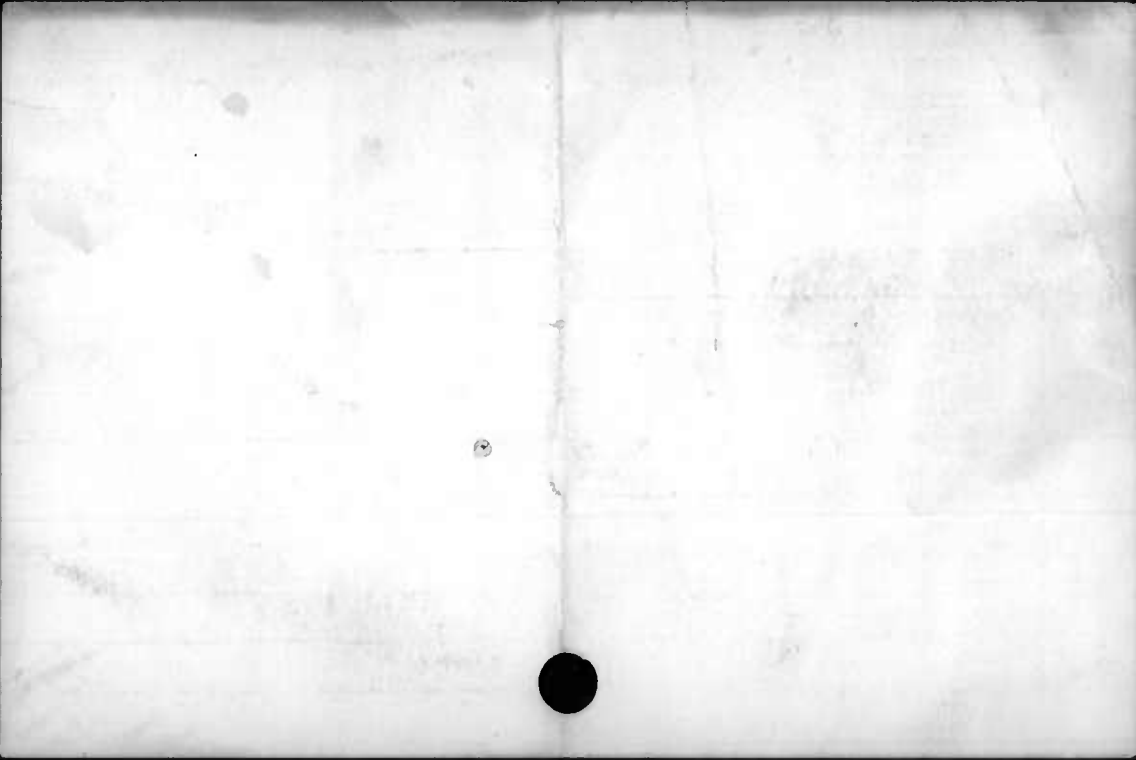
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pyrites</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>6th</u> <small>Month</small>	<u>9</u> <small>Day</small>	Age <u>1</u> <small>Years</small>	<u>2</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>St. Louis, Mo.</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Ernest Hill</u>			Father's Birthplace	<u>—</u>
Mother's Maiden Name	<u>DeLuz</u>			Mother's Birthplace	<u>Pyrites</u>
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>3 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>G. H. Zambor</u>
		Address	<u>St. Louis, Mo.</u>
Accident or Suicide?			



Name
in
Full

Sta Hazel Hughes.

CERTIFICATE OF DEATH

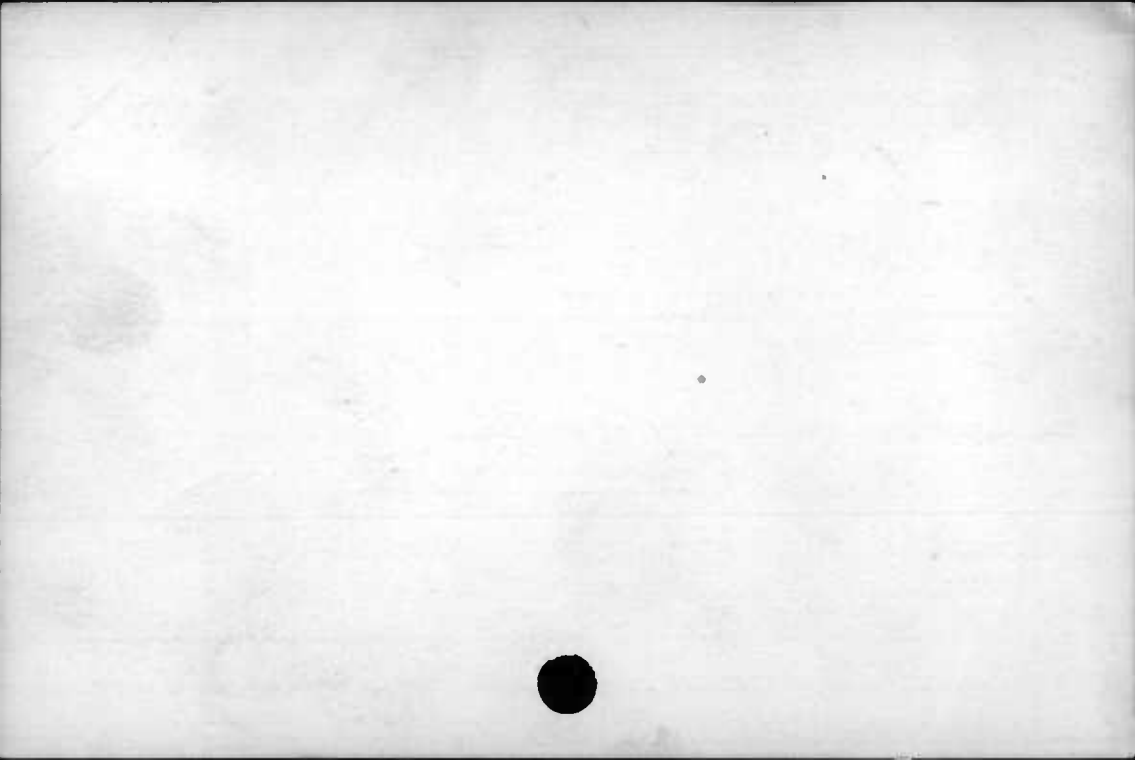
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Paradise</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>13</i>	Age <i>105</i>	Years <i>7</i>	Months <i>23</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Paradise</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Garril T Hughes</i>		Father's Birth-place <i>Paradise</i>		Mother's Birth-place <i>Barsins</i>	
Mother's Maiden Name <i>Verdie Greenland</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>Garril T. Hughes</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>3 weeks</i>
Immediate <i>Mal Mutation</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas H Kint</i>
	Address <i>Albany N.Y.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Prattville</i> Town		<i>Harrison</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>3</i>	Age	Years	Months <i>7</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Sarah Gormie</i>				
Father's Name <i>Chas E. Johnson</i>	Father's Birthplace <i>Harrison Co</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. E. Arthur</i>
	Address <i>West End</i>
Accident or Suicide?	



Name
in
Full

Hester A Johnson

CERTIFICATE OF DEATH

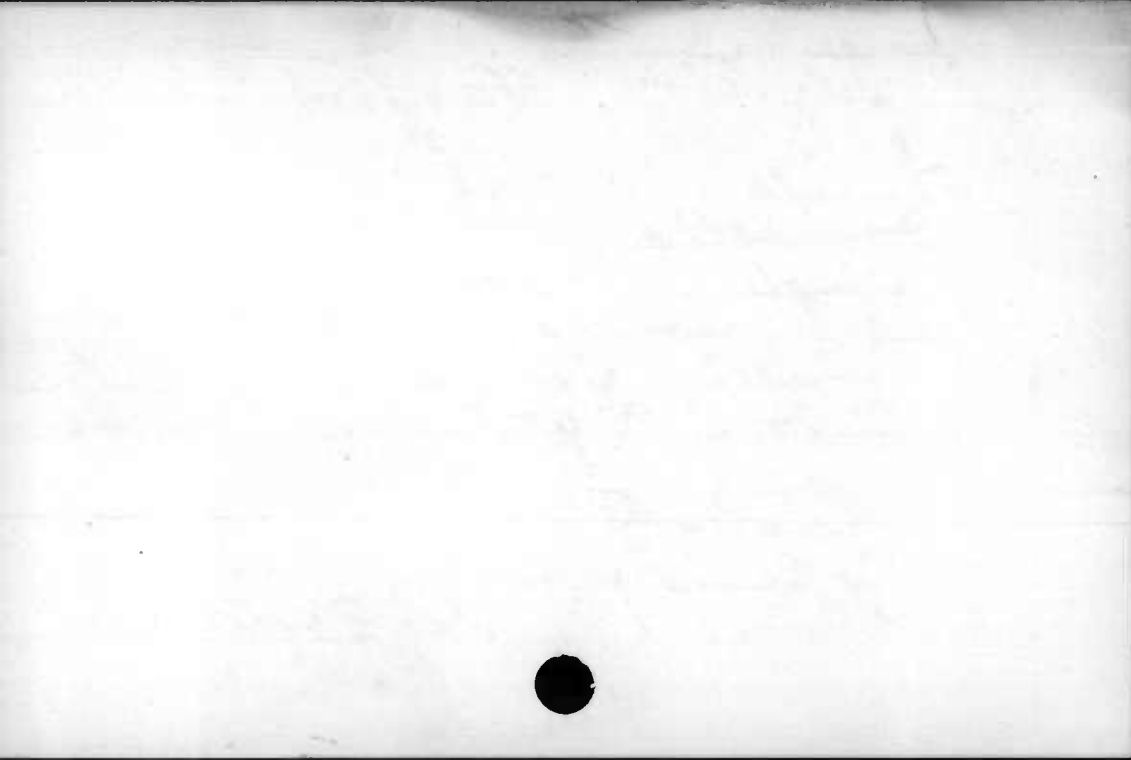
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmorton</i> Town		<i>Haynd</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>31</i>	Age <i>82</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>—</i>	
Occupation <i>House Wife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Sarah Johnson</i>			
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Sarah Johnson</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>154</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H K McBurnoo</i>
	Address <i>Undertaker Abingdon Md</i>
Accident or Suicide?	



Name
in
Full

Annie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bel-Air		County Harford		MARYLAND	
Date of death		1905	Month Oct-	Day 24	Age 15	Years 15	Months ✓
Sex Female		Color or Race Colored		Birth-place Md			
Occupation Domestic		Where Residing if not at place of death ✓					
Married, Single or Widowed Single		Name of Wife or Husband ✓					
Father's Name John Jones		Father's Birthplace Md					
Mother's Maiden Name Fannie Jones		Mother's Birthplace Md-					
Name of person giving information Mr. J. A. Williams		How related to deceased none					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles -	How long	3 weeks
Immediate	Typhoid fever	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician Jas. F. H. Gormuch	
		Address Folk Md-	
Accident or Suicide?			

. Clarks Chapel —

Name

in
Full

CERTIFICATE OF DEATH

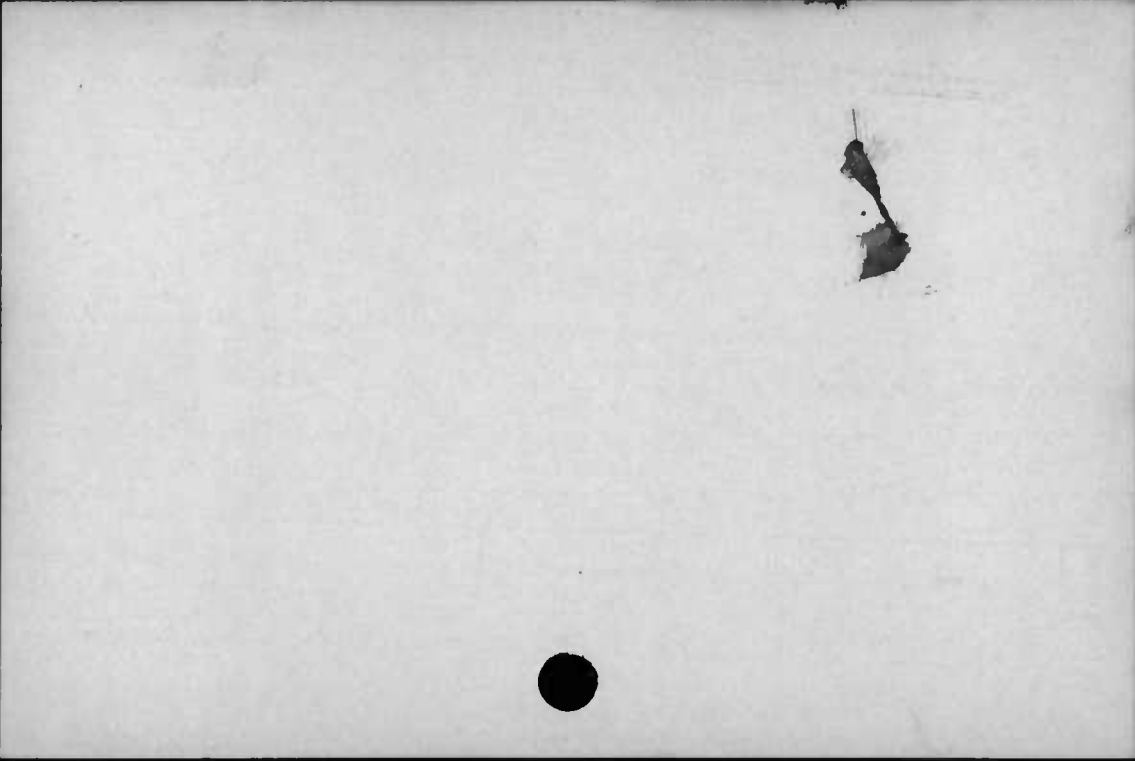
TO BE ANSWERED BY
NEAREST FRIEND

Died at		John J. Myer Tyrleville		County Harford.		MARYLAND	
Date of death	1905	Month	10	Day	24	Age	87
Sex	Male.		Color or Race	White		Birth-place	Ind.
Occupation	Druggist			Where Residing if not at place of death			Ind.
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Mrs. C. M. Myer					How related to deceased	Sister-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age, Senility	How long	
Immediate		How long	154
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. Warren Ramsay
		Address	Delta Penna
Accident or Suicide?			



Name
is
Full

Eliza Jane Payne

CERTIFICATE OF DEATH

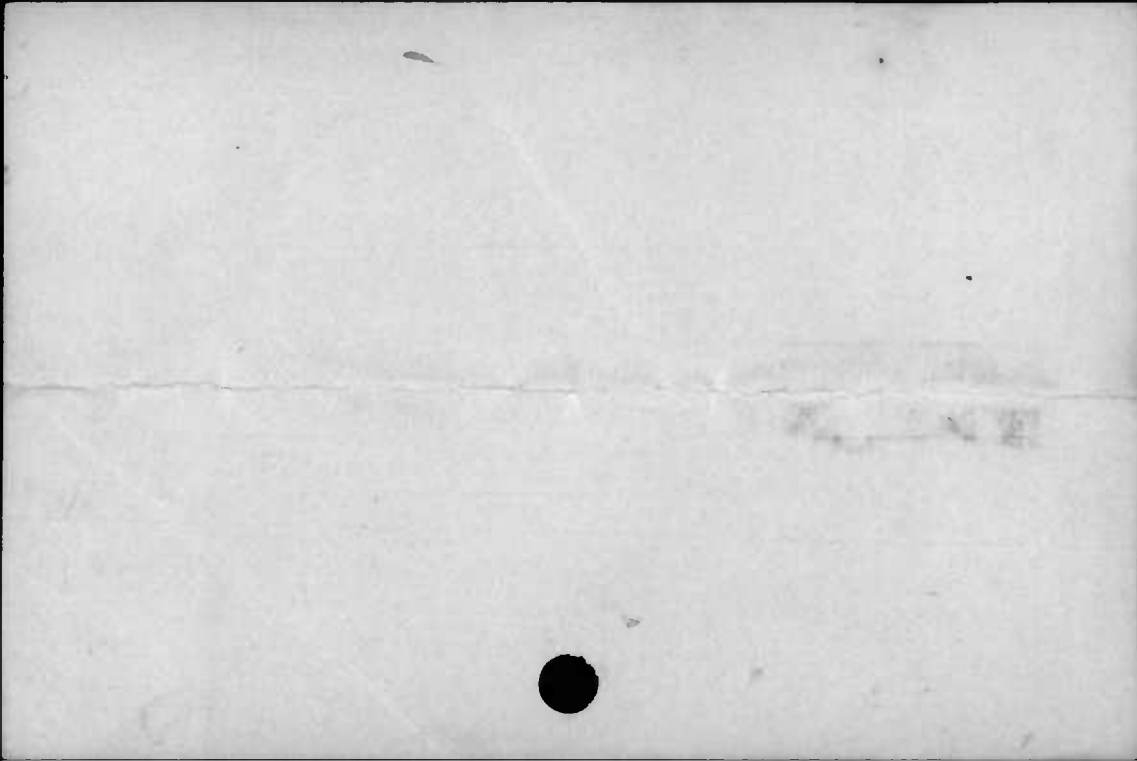
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Norrisville		County Hearford		MARYLAND	
Date of death	1905	Month Oct.	Day 22	Age	Years 59	Months 3	Days 16
Sex	Female		Color or Race	White		Birth- place	Hearford Co.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Jas. T. Payne			
Father's Name	Edward Norris					Father's Birthplace	Hearford Co.
Mother's Maiden Name	Elizabeth Seitz					Mother's Birthplace	Balto Co.
Name of person giving in formation	C. Reed Payne					How related to deceased	Son

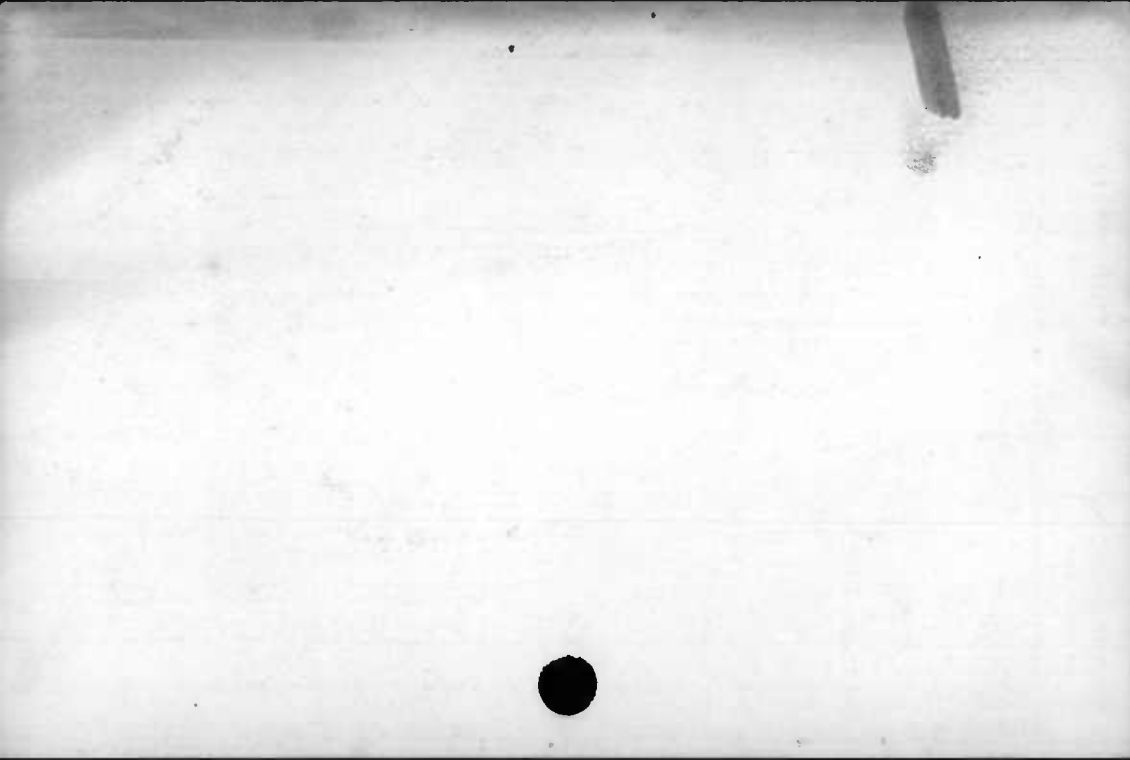
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Gastritis	How long	7 years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	James S. Alkhus
		Address	Norrisville
Accident or Suicide?			Med



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Levell</u> Town		<u>Harford</u> County		MARYLAND
	Date of death <u>1905</u>	Month <u>Oct.</u>	Day <u>3</u>	Age <u>9</u>	Months <u>5</u> Days <u>30</u>
	Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Harford Co. Md.</u>		
	Occupation <u>School child</u>	Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>			
	Father's Name <u>James D. Prigg</u>	Father's Birthplace <u>Harford Co</u>			
	Mother's Maiden Name <u>Margaret O. Washington</u>	Mother's Birthplace <u>Harford Co</u>			
Name of person giving information <u>James D. Prigg</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Phthisis</u>	<u>27</u>		How long <u>2 mos.</u>	
	Immediate <u>Exhaustion</u>			How long <u>4 days</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. H. Krite</u>		Address <u>Abodens, Md.</u>	
	Accident or Suicide? <u>—</u>				



Name
in
Full

Laura Louisa Rice

CERTIFICATE OF DEATH

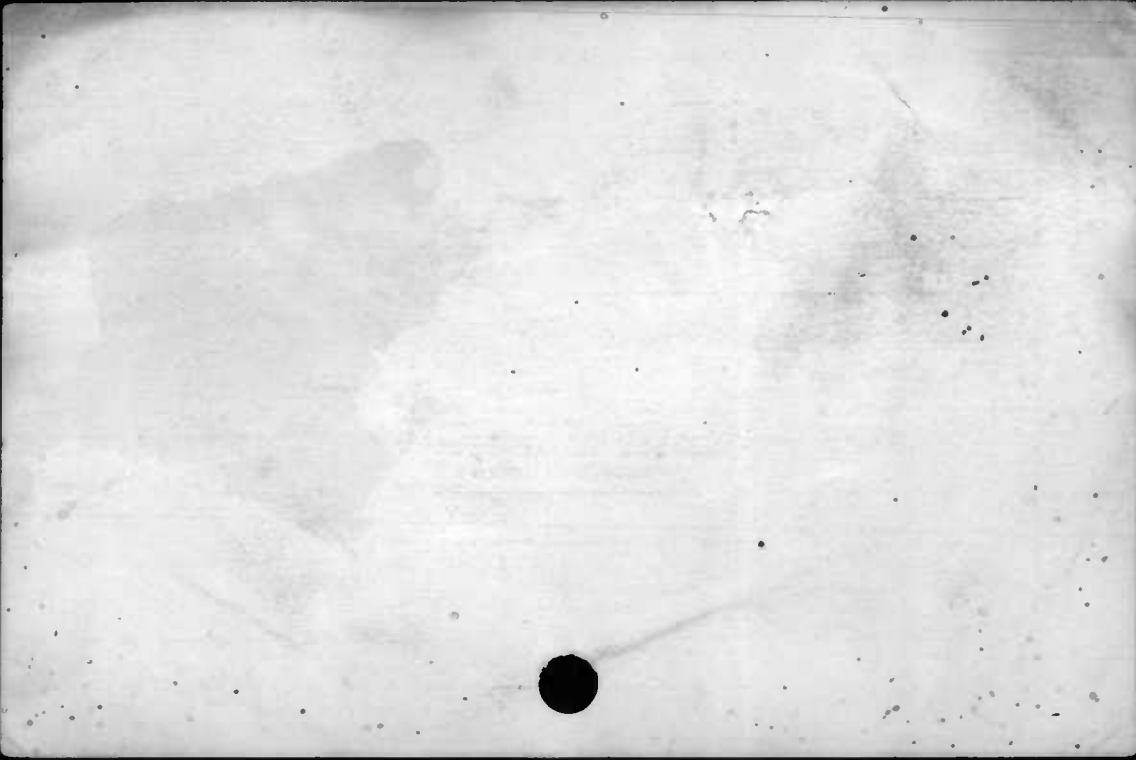
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>The Rocks</i>		County <i>Harford</i>		MARYLAND	
Date of death	1905	Month <i>October</i>	Day <i>7th</i>	Age <i>20</i>	Years	Months <i>2</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>The Rocks</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>William Rice</i>				Father's Birthplace <i>Coaptown</i>			
Mother's Maiden Name <i>Laura Sands</i>				Mother's Birthplace <i>Clermont Hill</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Extension burn</i>	How long	<i>about 12 hours</i>
Immediate	<i>Shock</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Thos. B. Hayward M.D.</i>	
Address		<i>Pyritesville</i>	
Accident or Suicide?		<i>Accident</i>	
		<i>Harford Co., Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

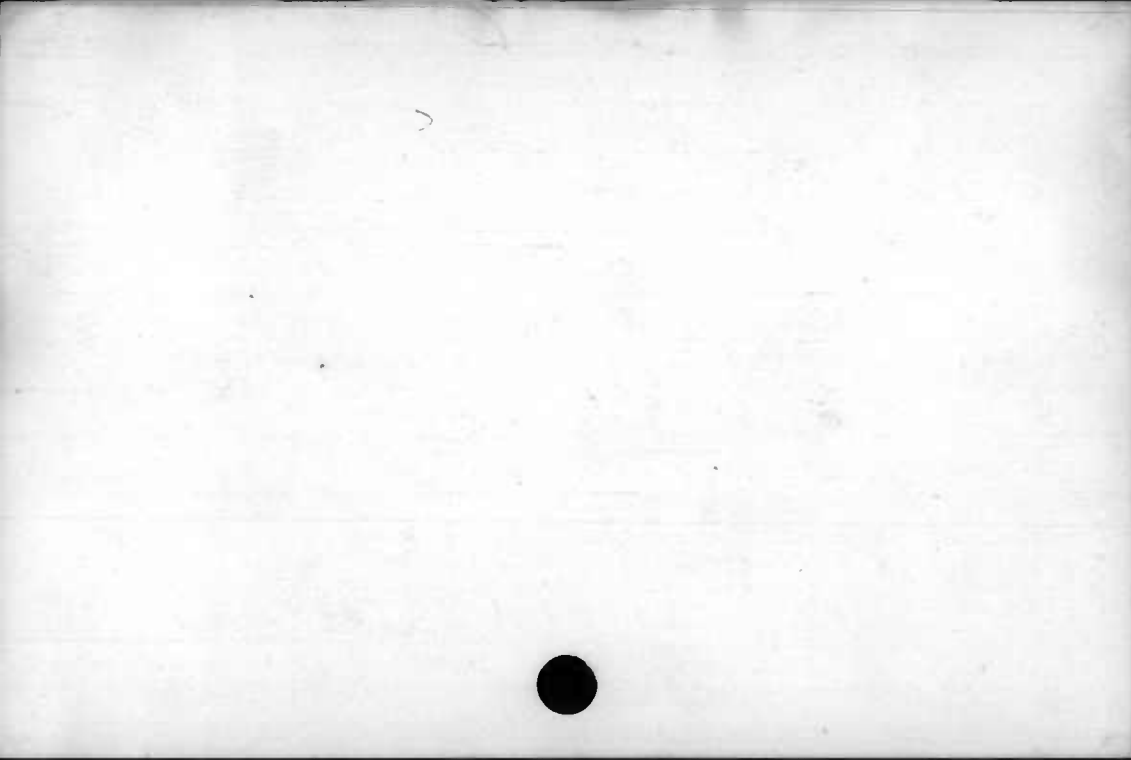
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Narcissa May Robinson</i>		Town <i>Magnolia</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Magnolia</i>		Date of death <i>1901- Oct 18</i>		Age <i>3 1/2</i>		Months <i>Dec</i> Days <i>29</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>MD.</i>			
Occupation <i>housewife</i>				Where Residing if not at place of death <i>Magnolia</i>			
Married, S or Widow		Name of Wife or Husband <i>Charles R Robinson</i>					
Father's Name <i>William McKinson</i>				Father's Birthplace <i>MD.</i>			
Mother's Maiden Name <i>Narcissa Gregg</i>				Mother's Birthplace <i>MD.</i>			
Name of person giving information <i>Sister in law Mrs Wood.</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Encephalitis</i>		How long <i>four days</i>	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Thier</i>	
		Address <i>Ferryman MD.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Date 19

Male

Female

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Name
in
Full

Anna Spriags

CERTIFICATE OF DEATH

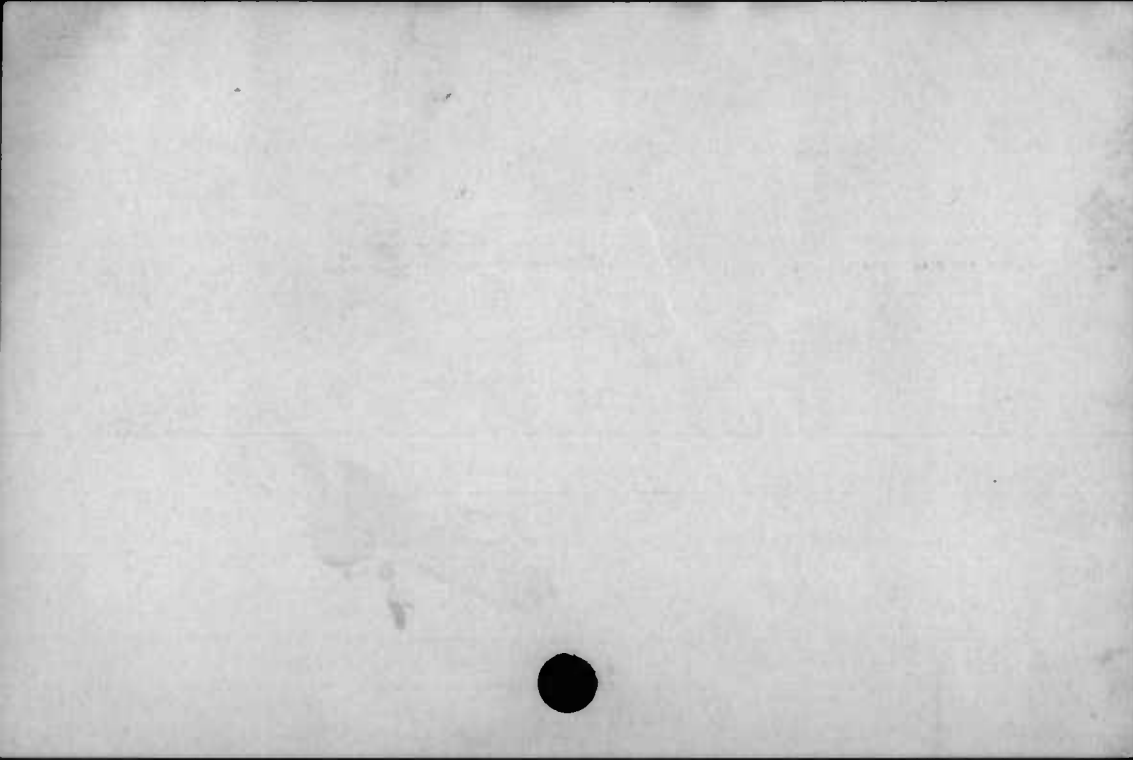
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rome Dublin Maryland</i>		County		MARYLAND			
Date of death <i>1905</i>		Month <i>10</i>	Day <i>29</i>	Age <i>38</i>	Years <i>4</i>	Months <i>8</i>	Days
Sex <i>female</i>	Color or Race <i>colored</i>	Birthplace <i>Balti-</i>					
Occupation <i>House keeping</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>unmarried</i>	Name of Wife or Husband <i>Anna Spriags</i>						
Father's Name <i>Thomas Ashton</i>	Father's Birthplace <i>Balti-</i>						
Mother's Maiden Name <i>Anna Cornish</i>	Mother's Birthplace <i>Cambridge</i>						
Name of person giving information <i>Georgie Ashton</i>	How related to deceased <i>Sister in law</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Excessive use of Opiates</i>	How long <i>17</i> <i>3 years</i>
Immediate <i>Dropsy</i>	How long <i>Two months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. H. Tobias M. D.</i>
	Address <i>Castleton, Md.</i>
Accident or Suicide? <i>/</i>	



Name in Full

Certificate of Death

Myrtle Stansbury
 Town County
 Died at *Perryman Maryland*

Date 19*05* Month *Oct* Day *4* Y. M. D. *7* Native of *Hayford* Occupation *Occupation*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female *Colored* *Single* *Widower* *Number of children living*

Husband
 of
 Wife

Father's Name *James Stansbury* Mother's Maiden Name *Mary Taylor*
 Cause of Death *Primary* *Immediate* *Permanent* How long sick *7 days*
 Accident, Suicide, Homicide

Reported by *Is Osborn Osborn*

Address *Charles Hill Hayford Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *New Midway*County *Fors*Date
of death *1905*Month *10*Day *12*

Age

Years

Months *9*

Days

Sex *male*Color or
Race *White*Birth-
place *New Midway*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name *Chas Stover*Father's
Birthplace *New Midway*Mother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

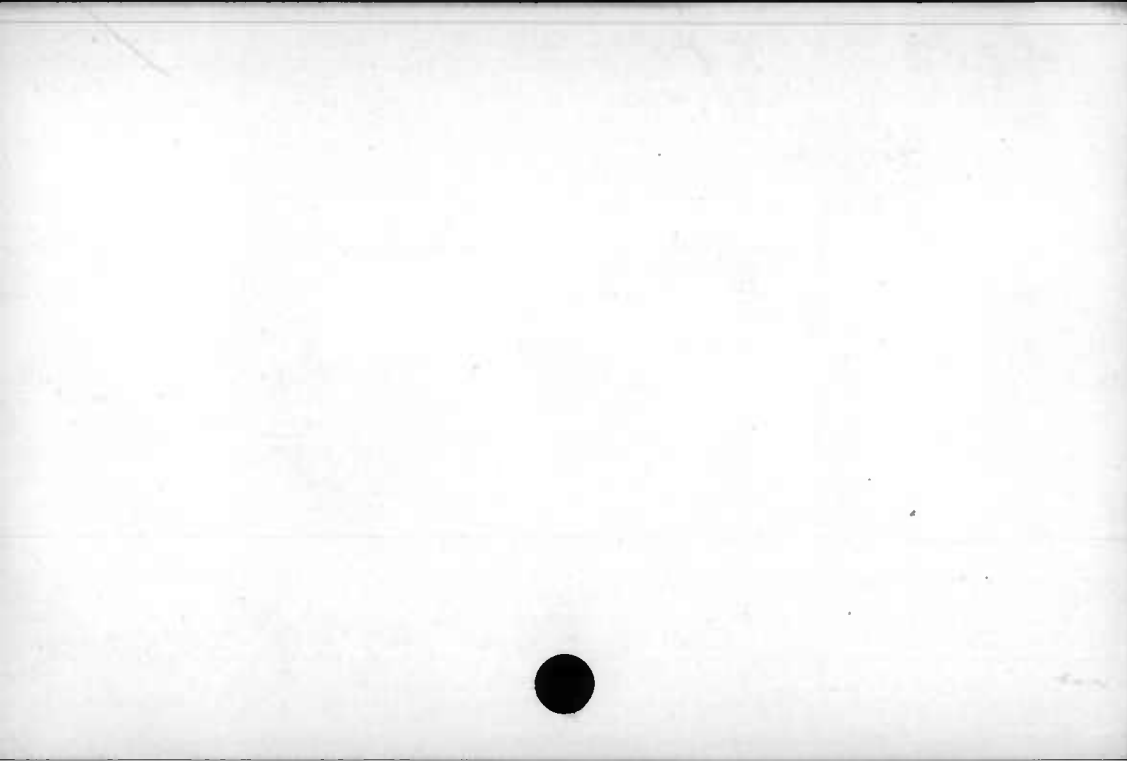
Primary *measles*How long *2 wks.*Immediate *Auto-intoxication*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *M. H. Kahle*Address *Mid.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Robert Watters

CERTIFICATE OF DEATH

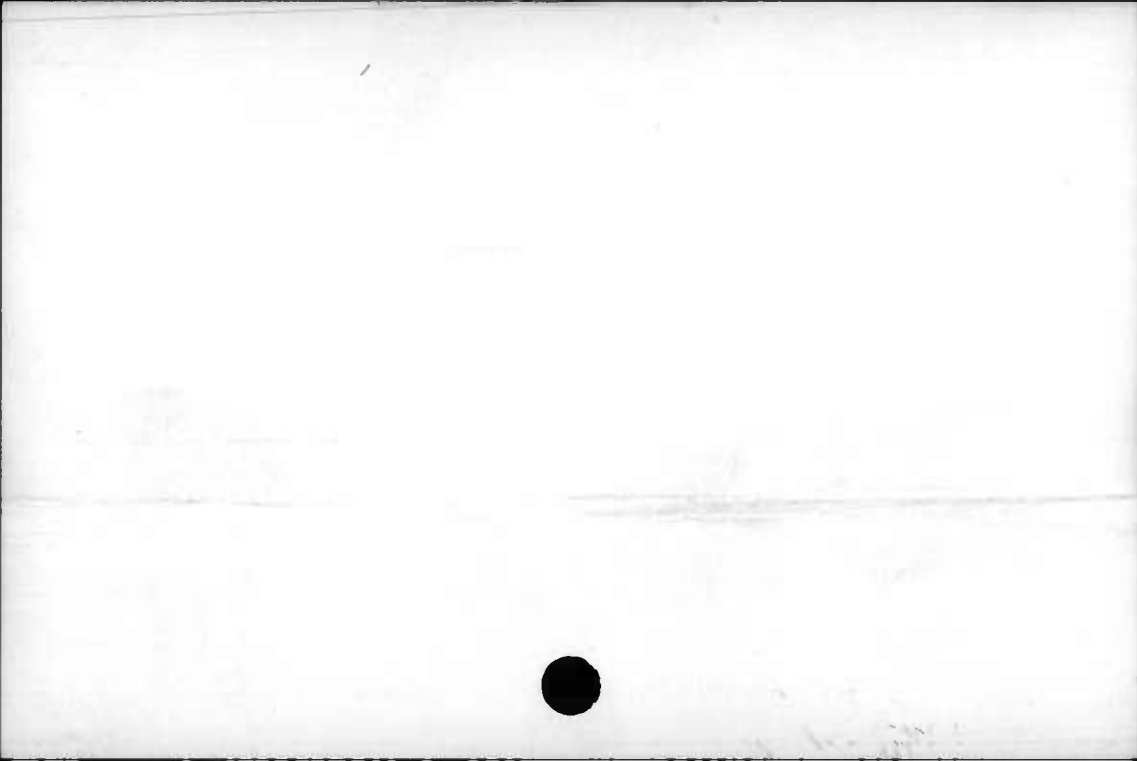
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camel Brook</i> <small>Town</small>		<i>Hairford</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>21</i>	Age <i>80</i> <small>Years</small>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland.</i>		
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death			
Married or Widowed		Name of Wife or Husband			
Father's Name <i>✓</i>		Father's Birthplace <i>✓</i>			
Mother's Maiden Name <i>✓</i>		Mother's Birthplace <i>✓</i>			
Name of person giving Information <i>Caroline Johnson</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hepatic Chancet.</i>	How long <i>✓</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Purnell Sappington</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Name
in
Full

Humphrey Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Forest Hill* Town *Hayford* County

Date of death 190 *5* - Month *10* Day *19* Age *87* Years Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Hayford Co*

Married, Single or Widowed *Widower* Occupation *Farmer*

Name of Wife or Husband *Sarah Ann Wilson*

Father's Name *Humphrey Wilson* Father's Birthplace *Hayford Co*

Mother's Maiden Name *Alexandra Gyle* Mother's Birthplace *Hayford*

Name of person giving information *Phil D. Wilson* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Old Age* How long *123*

Immediate *Cystitis* How long *2 mos*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. P. Smithson*

Address *Forest Hill*

Accident or Suicide?



Name
in
Full

Florence Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cole P.O.</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>25</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Harford Co</i>		Months <i>—</i> Days <i>2</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Wright</i>		Father's Birthplace <i>Pa -</i>					
Mother's Maiden Name <i>Lizzie Pitt</i>		Mother's Birthplace <i>Harford Co Md</i>					
Name of person giving information <i>Wm Wright</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Convulsions</i>	How long <i>one day</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas H. Knite</i>
	Address <i>Abundance. Md.</i>
Accident or Suicide? <i>—</i>	

